

10/586348

IAP6 Rec'd PCT/PTO 14 JUL 2006

Application Data Sheet

**Application Information**

Application Type:: National Stage  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: METHOD FOR OVERPRODUCING A  
SPECIFIC RECOMBINANT PROTEIN  
WITH P. CINNABARINUS  
MONOKARYOTIC STRAINS  
Attorney Docket Number:: 0508-1167  
Request for Early No  
Publication?::  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 13  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: THE NETHERLANDS  
Status:: Full Capacity  
Given Name:: ALEXANDRA  
Middle Name:: M.C.R.  
Family Name:: ALVES  
Name Suffix::  
City of Residence:: NE HAREN  
State or Province of  
Residence::  
Country of Residence:: THE NETHERLANDS  
Street of Mailing HEMSTERHUISLAAN 30  
Address::  
City of Mailing Address:: NE HAREN  
State or Province of Mailing Address::  
Country of Mailing Address:: THE NETHERLANDS  
Postal or Zip Code of Mailing Address:: NL-9752

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: ERIC  
Middle Name::  
Family Name:: RECORD  
Name Suffix::  
City of Residence:: MARSEILLE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing LA CHLORIS, D, 13, BOULEVARD DU REDON  
Address::  
City of Mailing Address:: MARSEILLE

State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-13009

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: ANNE  
Middle Name::  
Family Name:: LOMASCOLO  
Name Suffix::  
City of Residence:: MARSEILLE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: LE CLOS DE LA BASTIDE, B, 42, TRAVERSE  
Address:: LE MÉE

City of Mailing Address:: MARSEILLE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-13008

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: JEAN-CLAUDE  
Middle Name::  
Family Name:: SIGOILLOT  
Name Suffix::  
City of Residence:: SIX FOURS LES PLAGES  
State or Province of  
Residence::  
Country of Residence:: FRANCE

Street of Mailing Address:: RÉSIDENCE ANÉMONES FLORIALES, 500,  
Address:: AVENUE JOSEPH  
RAYNAUD  
City of Mailing Address:: SIX FOURES LES PLAGES  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-83140

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: MARCEL  
Middle Name::  
Family Name:: ASTHER  
Name Suffix::  
City of Residence:: LA CIOTAT  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 28, AVENUE PEYMIAN  
Address::  
City of Mailing Address:: LA CIOTAT  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-13600

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: THE NETHERLANDS  
Status:: Full Capacity  
Given Name:: HAN  
Middle Name:: A.B.  
Family Name:: WÖSTEN  
Name Suffix::  
City of Residence:: SN ZEIST

State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing C. HUYGENSLAAN 19  
Address::  
City of Mailing Address:: SN ZEIST  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: NL-3705

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2005/000093	1/14/05

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	0400366	1/15/04	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

THIS PAGE BLANK (USPTO)

**This Page is Inserted by IFW Indexing and Scanning  
Operations and is not part of the Official Record**

## **BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- BLACK BORDERS**
- IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- FADED TEXT OR DRAWING**
- BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- SKEWED/SLANTED IMAGES**
- COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- GRAY SCALE DOCUMENTS**
- LINES OR MARKS ON ORIGINAL DOCUMENT**
- REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- OTHER:** \_\_\_\_\_

**IMAGES ARE BEST AVAILABLE COPY.**

**As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.**